

# BEST AVAILABLE COPY

<b>CLAIMS ONLY</b>							SERIAL NO. <div style="font-family: cursive; font-size: 1.2em;">09932666</div>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/						51	
2	/	/					52	
3		/					53	
4		/					54	
5		/					55	
6	/						56	
7		/					57	
8		/					58	
9	/						59	
10		/					60	
11		/					61	
12	/						62	
13		/					63	
14		/					64	
15							65	
16							66	
17							67	
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41							91	
42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
TOTAL IND.	4	↓		↓		↓	TOTAL IND.	↓
TOTAL DEP.	10	←		←		←	TOTAL DEP.	←
TOTAL CLAIMS	14						TOTAL CLAIMS	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS